



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: Turner, Jr. and Mathur

Serial No.: 09/714,883

Group Art Unit: 1646

Filed: 11/16/2000

Examiner: O. Chernyshev

For: Novel Human Secreted Proteins and Polynucleotides Encoding the Same Attorney Docket No.: LEX-0092-USA

**NOTICE OF APPEAL FROM THE PRIMARY EXAMINER  
TO THE BOARD OF PATENT APPEALS AND INTERFERENCES**

**Box AF**

Assistant Commissioner for Patents  
Arlington, VA 22202

Sir:

Applicants hereby appeal to the Board of Patent Appeals and Interferences from the decision of the Primary Examiner mailed February 19, 2002 ("Final Action"), finally rejecting claims 1-3.

The fee as required under 37 C.F.R. § 1.17(b) for filing this Notice of Appeal is \$160.00, and the Commissioner is hereby authorized to deduct this fee from Applicants' Representatives' Deposit Account No. 50-0892.

This communication is believed to be timely filed, and therefore Applicants believe no fees in addition to the fees for filing the Notice of Appeal are due in connection with this communication. However, should any additional fees under 37 C.F.R. §§ 1.16 to 1.21 be required for any reason related to this communication, the Commissioner is authorized to charge any underpayment or credit any overpayment to Lexicon Genetics Incorporated Deposit Account No. 50-0892.

Respectfully submitted,

May 17, 2002

Date

David W. Hibler

David W. Hibler  
Agent For Applicants

Reg. No. 41,071

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LEXICON GENETICS INCORPORATED  
(281) 863-3399



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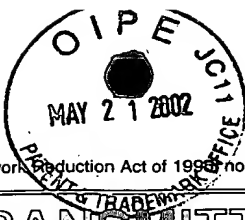
|   |                             |                               |              |
|---|-----------------------------|-------------------------------|--------------|
| <b>TRANSMITTAL FORM</b><br><br>(to be used for all correspondence after initial filing) | <b>Application Number</b>   | 09/714,883                    |              |
|   | <b>Filing Date</b>          | Nov 16, 2000                  |              |
|   | <b>First Named Inventor</b> | Turner, Jr., C. Alexander     |              |
|   | <b>Group Art Unit</b>       | 1646                          |              |
|   | <b>Examiner Name</b>        | O. Chernyshev                 |              |
| <b>Total Number of Pages in This Submission</b>   | 4                           | <b>Attorney Docket Number</b> | LEX-0092-USA |

| ENCLOSURES (check all that apply)   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form (Original and Copy)<br><input type="checkbox"/> Fee Attached   | <input type="checkbox"/> Assignment Papers (for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>- Return Postcard |
| <input type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <b>Remarks</b>   |   |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |   |
|--|---|
| Firm or Individual name                    | Lexicon Genetics Incorporated<br>Lance K. Ishimoto Reg. No. 41,866                                  |
| Signature                                  | Lance K. Ishimoto by David W. Hbler 24231<br>DAVID W. HBLER REG. NO. 41,071 PATENT TRADEMARK OFFICE |
| Date                                       | May 17, 2002  |

| CERTIFICATE OF MAILING   |                |
|--|----------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Arlington, VA 22202 on this date: May 17, 2002 |                |
| Typed or printed name  | Michelle Klein |
| Signature  | Michelle Klein |
| Date   | May 17, 2002   |

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Small Business 0551-0032

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|---|--|--|--|
| <b>FEE TRANSMITTAL</b><br>for FY 2002<br><i>Patent fees are subject to annual revision.</i> |  | <b>Completed On</b> MAY 21 2002<br><b>PTO CENTER</b> 1600/2002 |  |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27   |  | <b>Application Number</b> 09/714,883                           |  |
| <b>TOTAL AMOUNT OF PAYMENT</b> (\$ 160.00)  |  | <b>Filing Date</b> 11/16/2000                                  |  |
|   |  | <b>First Named Inventor</b> Turner, Jr. et al.                 |  |
|   |  | <b>Examiner Name</b> O. Chernyshev                             |  |
|   |  | <b>Group Art Unit</b> 1646                                     |  |
|   |  | <b>Attorney Docket No.</b> LEX-0092-USA                        |  |

| <b>METHOD OF PAYMENT (check all that apply)</b>   |          | <b>FEE CALCULATION (continued)</b>   |          |  |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
|---|----------|--|----------|--|----------|--------------|--|--------------|--|-----------------|----------|----------|----------|----------|----------|-----|-----|-----|----|-------------------------------------|--|-----|----|-----|----|--|--|-----|-----|-----|-----|---------------------------|--|-----|-------|-----|-------|--|--|-----|------|-----|------|--|--|-----|--------|-----|---------|---|--|-----|-----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-------|-----|-----|---|--|-----|-------|-----|-----|--|--|-----|-----|-----|-----|------------------|--------|-----|-----|-----|-----|--|--|-----|-----|-----|-----|--------------------------|--|-----|-------|-----|-------|---|--|-----|-----|-----|----|----------------------------------|--|-----|-------|-----|-----|------------------------------------|--|-----|-------|-----|-----|--------------------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|----|-----|----|-------------------------------------|--|-----|-----|-----|-----|---|--|-----|----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|---------------------------|--|--|--|--------------------------|--|---|--|--------------|--|--------------|--|-----------------|----------|----------|----------|----------|----------|-----|-----|-----|-----|--------------------|--|-----|-----|-----|-----|-------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|--------------------|--|-----|-----|-----|----|------------------------|--|-------------------|--|--|--|--|--|--|--|--------------|--|--------------|--|-----------------|----------|----------|----------|----------|----------|-----|----|-----|---|------------------------|--|-----|----|-----|----|-----------------------------------|--|-----|-----|-----|-----|---------------------------------------|--|-----|----|-----|----|---|--|-----|----|-----|---|--|--|-------------------|--|--|--|--|--|
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None |          | <b>3. ADDITIONAL FEES</b>  |          |  |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| <input checked="" type="checkbox"/> Deposit Account   |          | <table border="1"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr><tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr><tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr><tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for <i>ex parte</i></td><td></td></tr><tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr><tr><td>113</td><td>1,840*</td><td>113</td><td>1,840**</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr><tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr><tr><td>116</td><td>400</td><td>216</td><td>200</td><td>Extension for reply within second month</td><td></td></tr><tr><td>117</td><td>920</td><td>217</td><td>460</td><td>Extension for reply within third month</td><td></td></tr><tr><td>118</td><td>1,440</td><td>218</td><td>720</td><td>Extension for reply within fourth month</td><td></td></tr><tr><td>128</td><td>1,960</td><td>228</td><td>980</td><td>Extension for reply within fifth month</td><td></td></tr><tr><td>119</td><td>320</td><td>219</td><td>160</td><td>Notice of Appeal</td><td>160.00</td></tr><tr><td>120</td><td>320</td><td>220</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr><tr><td>121</td><td>280</td><td>221</td><td>140</td><td>Request for oral hearing</td><td></td></tr><tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr><tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr><tr><td>141</td><td>1,280</td><td>241</td><td>640</td><td>Petition to revive - unintentional</td><td></td></tr><tr><td>142</td><td>1,280</td><td>242</td><td>640</td><td>Utility issue fee (or reissue)</td><td></td></tr><tr><td>143</td><td>460</td><td>243</td><td>230</td><td>Design issue fee</td><td></td></tr><tr><td>144</td><td>620</td><td>244</td><td>310</td><td>Plant issue fee</td><td></td></tr><tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr><tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr><tr><td>126</td><td>180</td><td>126</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr><tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr><tr><td>146</td><td>740</td><td>246</td><td>370</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr><tr><td>149</td><td>740</td><td>249</td><td>370</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr><tr><td>179</td><td>740</td><td>279</td><td>370</td><td>Request for Continued Examination (RCE)</td><td></td></tr><tr><td>169</td><td>900</td><td>169</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr><tr><td colspan="4">Other fee (specify) _____</td><td colspan="2">SUBTOTAL (3) (\$ 160.00)</td></tr></tbody></table> |          |  |          | Large Entity |  | Small Entity |  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 105 | 130 | 205 | 65 | Surcharge - late filing fee or oath |  | 127 | 50 | 227 | 25 | Surcharge - late provisional filing fee or cover sheet |  | 139 | 130 | 139 | 130 | Non-English specification |  | 147 | 2,520 | 147 | 2,520 | For filing a request for <i>ex parte</i> |  | 112 | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner action |  | 113 | 1,840* | 113 | 1,840** | Requesting publication of SIR after Examiner action |  | 115 | 110 | 215 | 55 | Extension for reply within first month |  | 116 | 400 | 216 | 200 | Extension for reply within second month |  | 117 | 920 | 217 | 460 | Extension for reply within third month |  | 118 | 1,440 | 218 | 720 | Extension for reply within fourth month |  | 128 | 1,960 | 228 | 980 | Extension for reply within fifth month |  | 119 | 320 | 219 | 160 | Notice of Appeal | 160.00 | 120 | 320 | 220 | 160 | Filing a brief in support of an appeal |  | 121 | 280 | 221 | 140 | Request for oral hearing |  | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive - unavoidable |  | 141 | 1,280 | 241 | 640 | Petition to revive - unintentional |  | 142 | 1,280 | 242 | 640 | Utility issue fee (or reissue) |  | 143 | 460 | 243 | 230 | Design issue fee |  | 144 | 620 | 244 | 310 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Processing fee under 37 CFR 1.17(q) |  | 126 | 180 | 126 | 180 | Submission of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) |  | 146 | 740 | 246 | 370 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 149 | 740 | 249 | 370 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 179 | 740 | 279 | 370 | Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  | SUBTOTAL (3) (\$ 160.00) |  | <b>1. BASIC FILING FEE</b> <table border="1"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>101</td><td>740</td><td>201</td><td>370</td><td>Utility filing fee</td><td></td></tr><tr><td>106</td><td>330</td><td>206</td><td>165</td><td>Design filing fee</td><td></td></tr><tr><td>107</td><td>510</td><td>207</td><td>255</td><td>Plant filing fee</td><td></td></tr><tr><td>108</td><td>740</td><td>208</td><td>370</td><td>Reissue filing fee</td><td></td></tr><tr><td>114</td><td>160</td><td>214</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="4">SUBTOTAL (1) (\$)</td><td colspan="2"></td></tr></tbody></table> |  | Large Entity |  | Small Entity |  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 101 | 740 | 201 | 370 | Utility filing fee |  | 106 | 330 | 206 | 165 | Design filing fee |  | 107 | 510 | 207 | 255 | Plant filing fee |  | 108 | 740 | 208 | 370 | Reissue filing fee |  | 114 | 160 | 214 | 80 | Provisional filing fee |  | SUBTOTAL (1) (\$) |  |  |  |  |  | <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b> <table border="1"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>102</td><td>84</td><td>202</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>104</td><td>280</td><td>204</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>109</td><td>84</td><td>209</td><td>42</td><td>**Reissue independent claims over original patent</td><td></td></tr><tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="4">SUBTOTAL (2) (\$)</td><td colspan="2"></td></tr></tbody></table> |  | Large Entity |  | Small Entity |  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 103 | 18 | 203 | 9 | Claims in excess of 20 |  | 102 | 84 | 202 | 42 | Independent claims in excess of 3 |  | 104 | 280 | 204 | 140 | Multiple dependent claim, if not paid |  | 109 | 84 | 209 | 42 | **Reissue independent claims over original patent |  | 110 | 18 | 210 | 9 | ** Reissue claims in excess of 20 and over original patent |  | SUBTOTAL (2) (\$) |  |  |  |  |  |
| Large Entity  |          | Small Entity   |          | Fee Description  | Fee Paid |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| Fee Code  | Fee (\$) | Fee Code   | Fee (\$) |  |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 105   | 130      | 205  | 65       | Surcharge - late filing fee or oath  |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 127   | 50       | 227  | 25       | Surcharge - late provisional filing fee or cover sheet                     |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 139   | 130      | 139  | 130      | Non-English specification  |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 147   | 2,520    | 147  | 2,520    | For filing a request for <i>ex parte</i>                                   |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 112   | 920*     | 112  | 920*     | Requesting publication of SIR prior to Examiner action                     |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 113   | 1,840*   | 113  | 1,840**  | Requesting publication of SIR after Examiner action                        |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 115   | 110      | 215  | 55       | Extension for reply within first month                                     |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 116   | 400      | 216  | 200      | Extension for reply within second month                                    |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 117   | 920      | 217  | 460      | Extension for reply within third month                                     |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 118   | 1,440    | 218  | 720      | Extension for reply within fourth month                                    |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 128   | 1,960    | 228  | 980      | Extension for reply within fifth month                                     |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 119   | 320      | 219  | 160      | Notice of Appeal   | 160.00   |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 120   | 320      | 220  | 160      | Filing a brief in support of an appeal                                     |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 121   | 280      | 221  | 140      | Request for oral hearing   |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 138   | 1,510    | 138  | 1,510    | Petition to institute a public use proceeding                              |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 140   | 110      | 240  | 55       | Petition to revive - unavoidable   |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 141   | 1,280    | 241  | 640      | Petition to revive - unintentional   |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 142   | 1,280    | 242  | 640      | Utility issue fee (or reissue)   |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 143   | 460      | 243  | 230      | Design issue fee   |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 144   | 620      | 244  | 310      | Plant issue fee  |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 122   | 130      | 122  | 130      | Petitions to the Commissioner  |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 123   | 50       | 123  | 50       | Processing fee under 37 CFR 1.17(q)  |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 126   | 180      | 126  | 180      | Submission of Information Disclosure Stmt                                  |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 581   | 40       | 581  | 40       | Recording each patent assignment per property (times number of properties) |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 146   | 740      | 246  | 370      | Filing a submission after final rejection (37 CFR § 1.129(a))              |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 149   | 740      | 249  | 370      | For each additional invention to be examined (37 CFR § 1.129(b))           |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 179   | 740      | 279  | 370      | Request for Continued Examination (RCE)                                    |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 169   | 900      | 169  | 900      | Request for expedited examination of a design application                  |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| Other fee (specify) _____   |          |  |          | SUBTOTAL (3) (\$ 160.00)   |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| Large Entity  |          | Small Entity   |          | Fee Description  | Fee Paid |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| Fee Code  | Fee (\$) | Fee Code   | Fee (\$) |  |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 101   | 740      | 201  | 370      | Utility filing fee   |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 106   | 330      | 206  | 165      | Design filing fee  |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 107   | 510      | 207  | 255      | Plant filing fee   |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 108   | 740      | 208  | 370      | Reissue filing fee   |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 114   | 160      | 214  | 80       | Provisional filing fee   |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| SUBTOTAL (1) (\$)   |          |  |          |  |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| Large Entity  |          | Small Entity   |          | Fee Description  | Fee Paid |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| Fee Code  | Fee (\$) | Fee Code   | Fee (\$) |  |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 103   | 18       | 203  | 9        | Claims in excess of 20   |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 102   | 84       | 202  | 42       | Independent claims in excess of 3  |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 104   | 280      | 204  | 140      | Multiple dependent claim, if not paid                                      |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 109   | 84       | 209  | 42       | **Reissue independent claims over original patent                          |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 110   | 18       | 210  | 9        | ** Reissue claims in excess of 20 and over original patent                 |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| SUBTOTAL (2) (\$)   |          |  |          |  |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| <b>METHOD OF PAYMENT (check all that apply)</b>   |          | <b>3. ADDITIONAL FEES</b>  |          |  |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None |          | <table border="1"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr><tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr><tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr><tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for <i>ex parte</i></td><td></td></tr><tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr><tr><td>113</td><td>1,840*</td><td>113</td><td>1,840**</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr><tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr><tr><td>116</td><td>400</td><td>216</td><td>200</td><td>Extension for reply within second month</td><td></td></tr><tr><td>117</td><td>920</td><td>217</td><td>460</td><td>Extension for reply within third month</td><td></td></tr><tr><td>118</td><td>1,440</td><td>218</td><td>720</td><td>Extension for reply within fourth month</td><td></td></tr><tr><td>128</td><td>1,960</td><td>228</td><td>980</td><td>Extension for reply within fifth month</td><td></td></tr><tr><td>119</td><td>320</td><td>219</td><td>160</td><td>Notice of Appeal</td><td>160.00</td></tr><tr><td>120</td><td>320</td><td>220</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr><tr><td>121</td><td>280</td><td>221</td><td>140</td><td>Request for oral hearing</td><td></td></tr><tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr><tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr><tr><td>141</td><td>1,280</td><td>241</td><td>640</td><td>Petition to revive - unintentional</td><td></td></tr><tr><td>142</td><td>1,280</td><td>242</td><td>640</td><td>Utility issue fee (or reissue)</td><td></td></tr><tr><td>143</td><td>460</td><td>243</td><td>230</td><td>Design issue fee</td><td></td></tr><tr><td>144</td><td>620</td><td>244</td><td>310</td><td>Plant issue fee</td><td></td></tr><tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr><tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr><tr><td>126</td><td>180</td><td>126</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr><tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr><tr><td>146</td><td>740</td><td>246</td><td>370</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr><tr><td>149</td><td>740</td><td>249</td><td>370</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr><tr><td>179</td><td>740</td><td>279</td><td>370</td><td>Request for Continued Examination (RCE)</td><td></td></tr><tr><td>169</td><td>900</td><td>169</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr><tr><td colspan="4">Other fee (specify) _____</td><td colspan="2">SUBTOTAL (3) (\$ 160.00)</td></tr></tbody></table> |          |  |          | Large Entity |  | Small Entity |  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 105 | 130 | 205 | 65 | Surcharge - late filing fee or oath |  | 127 | 50 | 227 | 25 | Surcharge - late provisional filing fee or cover sheet |  | 139 | 130 | 139 | 130 | Non-English specification |  | 147 | 2,520 | 147 | 2,520 | For filing a request for <i>ex parte</i> |  | 112 | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner action |  | 113 | 1,840* | 113 | 1,840** | Requesting publication of SIR after Examiner action |  | 115 | 110 | 215 | 55 | Extension for reply within first month |  | 116 | 400 | 216 | 200 | Extension for reply within second month |  | 117 | 920 | 217 | 460 | Extension for reply within third month |  | 118 | 1,440 | 218 | 720 | Extension for reply within fourth month |  | 128 | 1,960 | 228 | 980 | Extension for reply within fifth month |  | 119 | 320 | 219 | 160 | Notice of Appeal | 160.00 | 120 | 320 | 220 | 160 | Filing a brief in support of an appeal |  | 121 | 280 | 221 | 140 | Request for oral hearing |  | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive - unavoidable |  | 141 | 1,280 | 241 | 640 | Petition to revive - unintentional |  | 142 | 1,280 | 242 | 640 | Utility issue fee (or reissue) |  | 143 | 460 | 243 | 230 | Design issue fee |  | 144 | 620 | 244 | 310 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Processing fee under 37 CFR 1.17(q) |  | 126 | 180 | 126 | 180 | Submission of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) |  | 146 | 740 | 246 | 370 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 149 | 740 | 249 | 370 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 179 | 740 | 279 | 370 | Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  | SUBTOTAL (3) (\$ 160.00) |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| Large Entity  |          | Small Entity   |          | Fee Description  | Fee Paid |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| Fee Code  | Fee (\$) | Fee Code   | Fee (\$) |  |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 105   | 130      | 205  | 65       | Surcharge - late filing fee or oath  |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 127   | 50       | 227  | 25       | Surcharge - late provisional filing fee or cover sheet                     |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 139   | 130      | 139  | 130      | Non-English specification  |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 147   | 2,520    | 147  | 2,520    | For filing a request for <i>ex parte</i>                                   |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 112   | 920*     | 112  | 920*     | Requesting publication of SIR prior to Examiner action                     |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 113   | 1,840*   | 113  | 1,840**  | Requesting publication of SIR after Examiner action                        |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 115   | 110      | 215  | 55       | Extension for reply within first month                                     |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 116   | 400      | 216  | 200      | Extension for reply within second month                                    |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 117   | 920      | 217  | 460      | Extension for reply within third month                                     |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 118   | 1,440    | 218  | 720      | Extension for reply within fourth month                                    |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 128   | 1,960    | 228  | 980      | Extension for reply within fifth month                                     |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 119   | 320      | 219  | 160      | Notice of Appeal   | 160.00   |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 120   | 320      | 220  | 160      | Filing a brief in support of an appeal                                     |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 121   | 280      | 221  | 140      | Request for oral hearing   |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 138   | 1,510    | 138  | 1,510    | Petition to institute a public use proceeding                              |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 140   | 110      | 240  | 55       | Petition to revive - unavoidable   |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 141   | 1,280    | 241  | 640      | Petition to revive - unintentional   |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 142   | 1,280    | 242  | 640      | Utility issue fee (or reissue)   |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 143   | 460      | 243  | 230      | Design issue fee   |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 144   | 620      | 244  | 310      | Plant issue fee  |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 122   | 130      | 122  | 130      | Petitions to the Commissioner  |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 123   | 50       | 123  | 50       | Processing fee under 37 CFR 1.17(q)  |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 126   | 180      | 126  | 180      | Submission of Information Disclosure Stmt                                  |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 581   | 40       | 581  | 40       | Recording each patent assignment per property (times number of properties) |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 146   | 740      | 246  | 370      | Filing a submission after final rejection (37 CFR § 1.129(a))              |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 149   | 740      | 249  | 370      | For each additional invention to be examined (37 CFR § 1.129(b))           |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 179   | 740      | 279  | 370      | Request for Continued Examination (RCE)                                    |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 169   | 900      | 169  | 900      | Request for expedited examination of a design application                  |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| Other fee (specify) _____   |          |  |          | SUBTOTAL (3) (\$ 160.00)   |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| <b>METHOD OF PAYMENT (check all that apply)</b>   |          | <b>3. ADDITIONAL FEES</b>  |          |  |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None |          | <table border="1"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr><tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr><tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr><tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for <i>ex parte</i></td><td></td></tr><tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr><tr><td>113</td><td>1,840*</td><td>113</td><td>1,840**</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr><tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr><tr><td>116</td><td>400</td><td>216</td><td>200</td><td>Extension for reply within second month</td><td></td></tr><tr><td>117</td><td>920</td><td>217</td><td>460</td><td>Extension for reply within third month</td><td></td></tr><tr><td>118</td><td>1,440</td><td>218</td><td>720</td><td>Extension for reply within fourth month</td><td></td></tr><tr><td>128</td><td>1,960</td><td>228</td><td>980</td><td>Extension for reply within fifth month</td><td></td></tr><tr><td>119</td><td>320</td><td>219</td><td>160</td><td>Notice of Appeal</td><td>160.00</td></tr><tr><td>120</td><td>320</td><td>220</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr><tr><td>121</td><td>280</td><td>221</td><td>140</td><td>Request for oral hearing</td><td></td></tr><tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr><tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr><tr><td>141</td><td>1,280</td><td>241</td><td>640</td><td>Petition to revive - unintentional</td><td></td></tr><tr><td>142</td><td>1,280</td><td>242</td><td>640</td><td>Utility issue fee (or reissue)</td><td></td></tr><tr><td>143</td><td>460</td><td>243</td><td>230</td><td>Design issue fee</td><td></td></tr><tr><td>144</td><td>620</td><td>244</td><td>310</td><td>Plant issue fee</td><td></td></tr><tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr><tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr><tr><td>126</td><td>180</td><td>126</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr><tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr><tr><td>146</td><td>740</td><td>246</td><td>370</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr><tr><td>149</td><td>740</td><td>249</td><td>370</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr><tr><td>179</td><td>740</td><td>279</td><td>370</td><td>Request for Continued Examination (RCE)</td><td></td></tr><tr><td>169</td><td>900</td><td>169</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr><tr><td colspan="4">Other fee (specify) _____</td><td colspan="2">SUBTOTAL (3) (\$ 160.00)</td></tr></tbody></table> |          |  |          | Large Entity |  | Small Entity |  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 105 | 130 | 205 | 65 | Surcharge - late filing fee or oath |  | 127 | 50 | 227 | 25 | Surcharge - late provisional filing fee or cover sheet |  | 139 | 130 | 139 | 130 | Non-English specification |  | 147 | 2,520 | 147 | 2,520 | For filing a request for <i>ex parte</i> |  | 112 | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner action |  | 113 | 1,840* | 113 | 1,840** | Requesting publication of SIR after Examiner action |  | 115 | 110 | 215 | 55 | Extension for reply within first month |  | 116 | 400 | 216 | 200 | Extension for reply within second month |  | 117 | 920 | 217 | 460 | Extension for reply within third month |  | 118 | 1,440 | 218 | 720 | Extension for reply within fourth month |  | 128 | 1,960 | 228 | 980 | Extension for reply within fifth month |  | 119 | 320 | 219 | 160 | Notice of Appeal | 160.00 | 120 | 320 | 220 | 160 | Filing a brief in support of an appeal |  | 121 | 280 | 221 | 140 | Request for oral hearing |  | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive - unavoidable |  | 141 | 1,280 | 241 | 640 | Petition to revive - unintentional |  | 142 | 1,280 | 242 | 640 | Utility issue fee (or reissue) |  | 143 | 460 | 243 | 230 | Design issue fee |  | 144 | 620 | 244 | 310 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Processing fee under 37 CFR 1.17(q) |  | 126 | 180 | 126 | 180 | Submission of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) |  | 146 | 740 | 246 | 370 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 149 | 740 | 249 | 370 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 179 | 740 | 279 | 370 | Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  | SUBTOTAL (3) (\$ 160.00) |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| Large Entity  |          | Small Entity   |          | Fee Description  | Fee Paid |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| Fee Code  | Fee (\$) | Fee Code   | Fee (\$) |  |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 105   | 130      | 205  | 65       | Surcharge - late filing fee or oath  |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 127   | 50       | 227  | 25       | Surcharge - late provisional filing fee or cover sheet                     |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 139   | 130      | 139  | 130      | Non-English specification  |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 147   | 2,520    | 147  | 2,520    | For filing a request for <i>ex parte</i>                                   |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 112   | 920*     | 112  | 920*     | Requesting publication of SIR prior to Examiner action                     |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 113   | 1,840*   | 113  | 1,840**  | Requesting publication of SIR after Examiner action                        |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 115   | 110      | 215  | 55       | Extension for reply within first month                                     |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 116   | 400      | 216  | 200      | Extension for reply within second month                                    |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 117   | 920      | 217  | 460      | Extension for reply within third month                                     |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 118   | 1,440    | 218  | 720      | Extension for reply within fourth month                                    |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 128   | 1,960    | 228  | 980      | Extension for reply within fifth month                                     |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 119   | 320      | 219  | 160      | Notice of Appeal   | 160.00   |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 120   | 320      | 220  | 160      | Filing a brief in support of an appeal                                     |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 121   | 280      | 221  | 140      | Request for oral hearing   |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 138   | 1,510    | 138  | 1,510    | Petition to institute a public use proceeding                              |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 140   | 110      | 240  | 55       | Petition to revive - unavoidable   |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 141   | 1,280    | 241  | 640      | Petition to revive - unintentional   |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 142   | 1,280    | 242  | 640      | Utility issue fee (or reissue)   |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 143   | 460      | 243  | 230      | Design issue fee   |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 144   | 620      | 244  | 310      | Plant issue fee  |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 122   | 130      | 122  | 130      | Petitions to the Commissioner  |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 123   | 50       | 123  | 50       | Processing fee under 37 CFR 1.17(q)  |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 126   | 180      | 126  | 180      | Submission of Information Disclosure Stmt                                  |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 581   | 40       | 581  | 40       | Recording each patent assignment per property (times number of properties) |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 146   | 740      | 246  | 370      | Filing a submission after final rejection (37 CFR § 1.129(a))              |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 149   | 740      | 249  | 370      | For each additional invention to be examined (37 CFR § 1.129(b))           |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 179   | 740      | 279  | 370      | Request for Continued Examination (RCE)                                    |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 169   | 900      | 169  | 900      | Request for expedited examination of a design application                  |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| Other fee (specify) _____   |          |  |          | SUBTOTAL (3) (\$ 160.00)   |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| <b>METHOD OF PAYMENT (check all that apply)</b>   |          | <b>3. ADDITIONAL FEES</b>  |          |  |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None |          | <table border="1"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr><tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr><tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr><tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for <i>ex parte</i></td><td></td></tr><tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr><tr><td>113</td><td>1,840*</td><td>113</td><td>1,840**</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr><tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr><tr><td>116</td><td>400</td><td>216</td><td>200</td><td>Extension for reply within second month</td><td></td></tr><tr><td>117</td><td>920</td><td>217</td><td>460</td><td>Extension for reply within third month</td><td></td></tr><tr><td>118</td><td>1,440</td><td>218</td><td>720</td><td>Extension for reply within fourth month</td><td></td></tr><tr><td>128</td><td>1,960</td><td>228</td><td>980</td><td>Extension for reply within fifth month</td><td></td></tr><tr><td>119</td><td>320</td><td>219</td><td>160</td><td>Notice of Appeal</td><td>160.00</td></tr><tr><td>120</td><td>320</td><td>220</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr><tr><td>121</td><td>280</td><td>221</td><td>140</td><td>Request for oral hearing</td><td></td></tr><tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr><tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr><tr><td>141</td><td>1,280</td><td>241</td><td>640</td><td>Petition to revive - unintentional</td><td></td></tr><tr><td>142</td><td>1,280</td><td>242</td><td>640</td><td>Utility issue fee (or reissue)</td><td></td></tr><tr><td>143</td><td>460</td><td>243</td><td>230</td><td>Design issue fee</td><td></td></tr><tr><td>144</td><td>620</td><td>244</td><td>310</td><td>Plant issue fee</td><td></td></tr><tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr><tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr><tr><td>126</td><td>180</td><td>126</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr><tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr><tr><td>146</td><td>740</td><td>246</td><td>370</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr><tr><td>149</td><td>740</td><td>249</td><td>370</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr><tr><td>179</td><td>740</td><td>279</td><td>370</td><td>Request for Continued Examination (RCE)</td><td></td></tr><tr><td>169</td><td>900</td><td>169</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr><tr><td colspan="4">Other fee (specify) _____</td><td colspan="2">SUBTOTAL (3) (\$ 160.00)</td></tr></tbody></table> |          |  |          | Large Entity |  | Small Entity |  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 105 | 130 | 205 | 65 | Surcharge - late filing fee or oath |  | 127 | 50 | 227 | 25 | Surcharge - late provisional filing fee or cover sheet |  | 139 | 130 | 139 | 130 | Non-English specification |  | 147 | 2,520 | 147 | 2,520 | For filing a request for <i>ex parte</i> |  | 112 | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner action |  | 113 | 1,840* | 113 | 1,840** | Requesting publication of SIR after Examiner action |  | 115 | 110 | 215 | 55 | Extension for reply within first month |  | 116 | 400 | 216 | 200 | Extension for reply within second month |  | 117 | 920 | 217 | 460 | Extension for reply within third month |  | 118 | 1,440 | 218 | 720 | Extension for reply within fourth month |  | 128 | 1,960 | 228 | 980 | Extension for reply within fifth month |  | 119 | 320 | 219 | 160 | Notice of Appeal | 160.00 | 120 | 320 | 220 | 160 | Filing a brief in support of an appeal |  | 121 | 280 | 221 | 140 | Request for oral hearing |  | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive - unavoidable |  | 141 | 1,280 | 241 | 640 | Petition to revive - unintentional |  | 142 | 1,280 | 242 | 640 | Utility issue fee (or reissue) |  | 143 | 460 | 243 | 230 | Design issue fee |  | 144 | 620 | 244 | 310 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Processing fee under 37 CFR 1.17(q) |  | 126 | 180 | 126 | 180 | Submission of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) |  | 146 | 740 | 246 | 370 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 149 | 740 | 249 | 370 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 179 | 740 | 279 | 370 | Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  | SUBTOTAL (3) (\$ 160.00) |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| Large Entity  |          | Small Entity   |          | Fee Description  | Fee Paid |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| Fee Code  | Fee (\$) | Fee Code   | Fee (\$) |  |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 105   | 130      | 205  | 65       | Surcharge - late filing fee or oath  |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 127   | 50       | 227  | 25       | Surcharge - late provisional filing fee or cover sheet                     |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 139   | 130      | 139  | 130      | Non-English specification  |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 147   | 2,520    | 147  | 2,520    | For filing a request for <i>ex parte</i>                                   |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 112   | 920*     | 112  | 920*     | Requesting publication of SIR prior to Examiner action                     |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 113   | 1,840*   | 113  | 1,840**  | Requesting publication of SIR after Examiner action                        |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 115   | 110      | 215  | 55       | Extension for reply within first month                                     |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 116   | 400      | 216  | 200      | Extension for reply within second month                                    |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 117   | 920      | 217  | 460      | Extension for reply within third month                                     |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 118   | 1,440    | 218  | 720      | Extension for reply within fourth month                                    |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 128   | 1,960    | 228  | 980      | Extension for reply within fifth month                                     |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 119   | 320      | 219  | 160      | Notice of Appeal   | 160.00   |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 120   | 320      | 220  | 160      | Filing a brief in support of an appeal                                     |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 121   | 280      | 221  | 140      | Request for oral hearing   |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 138   | 1,510    | 138  | 1,510    | Petition to institute a public use proceeding                              |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 140   | 110      | 240  | 55       | Petition to revive - unavoidable   |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 141   | 1,280    | 241  | 640      | Petition to revive - unintentional   |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 142   | 1,280    | 242  | 640      | Utility issue fee (or reissue)   |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 143   | 460      | 243  | 230      | Design issue fee   |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 144   | 620      | 244  | 310      | Plant issue fee  |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 122   | 130      | 122  | 130      | Petitions to the Commissioner  |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 123   | 50       | 123  | 50       | Processing fee under 37 CFR 1.17(q)  |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 126   | 180      | 126  | 180      | Submission of Information Disclosure Stmt                                  |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 581   | 40       | 581  | 40       | Recording each patent assignment per property (times number of properties) |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 146   | 740      | 246  | 370      | Filing a submission after final rejection (37 CFR § 1.129(a))              |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 149   | 740      | 249  | 370      | For each additional invention to be examined (37 CFR § 1.129(b))           |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 179   | 740      | 279  | 370      | Request for Continued Examination (RCE)                                    |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 169   | 900      | 169  | 900      | Request for expedited examination of a design application                  |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| Other fee (specify) _____   |          |  |          | SUBTOTAL (3) (\$ 160.00)   |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| <b>METHOD OF PAYMENT (check all that apply)</b>   |          | <b>3. ADDITIONAL FEES</b>  |          |  |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None |          | <table border="1"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr><tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr><tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr><tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for <i>ex parte</i></td><td></td></tr><tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr><tr><td>113</td><td>1,840*</td><td>113</td><td>1,840**</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr><tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr><tr><td>116</td><td>400</td><td>216</td><td>200</td><td>Extension for reply within second month</td><td></td></tr><tr><td>117</td><td>920</td><td>217</td><td>460</td><td>Extension for reply within third month</td><td></td></tr><tr><td>118</td><td>1,440</td><td>218</td><td>720</td><td>Extension for reply within fourth month</td><td></td></tr><tr><td>128</td><td>1,960</td><td>228</td><td>980</td><td>Extension for reply within fifth month</td><td></td></tr><tr><td>119</td><td>320</td><td>219</td><td>160</td><td>Notice of Appeal</td><td>160.00</td></tr><tr><td>120</td><td>320</td><td>220</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr><tr><td>121</td><td>280</td><td>221</td><td>140</td><td>Request for oral hearing</td><td></td></tr><tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr><tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr><tr><td>141</td><td>1,280</td><td>241</td><td>640</td><td>Petition to revive - unintentional</td><td></td></tr><tr><td>142</td><td>1,280</td><td>242</td><td>640</td><td>Utility issue fee (or reissue)</td><td></td></tr><tr><td>143</td><td>460</td><td>243</td><td>230</td><td>Design issue fee</td><td></td></tr><tr><td>144</td><td>620</td><td>244</td><td>310</td><td>Plant issue fee</td><td></td></tr><tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr><tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr><tr><td>126</td><td>180</td><td>126</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr><tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr><tr><td>146</td><td>740</td><td>246</td><td>370</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr><tr><td>149</td><td>740</td><td>249</td><td>370</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr><tr><td>179</td><td>740</td><td>279</td><td>370</td><td>Request for Continued Examination (RCE)</td><td></td></tr><tr><td>169</td><td>900</td><td>169</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr><tr><td colspan="4">Other fee (specify) _____</td><td colspan="2">SUBTOTAL (3) (\$ 160.00)</td></tr></tbody></table> |          |  |          | Large Entity |  | Small Entity |  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 105 | 130 | 205 | 65 | Surcharge - late filing fee or oath |  | 127 | 50 | 227 | 25 | Surcharge - late provisional filing fee or cover sheet |  | 139 | 130 | 139 | 130 | Non-English specification |  | 147 | 2,520 | 147 | 2,520 | For filing a request for <i>ex parte</i> |  | 112 | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner action |  | 113 | 1,840* | 113 | 1,840** | Requesting publication of SIR after Examiner action |  | 115 | 110 | 215 | 55 | Extension for reply within first month |  | 116 | 400 | 216 | 200 | Extension for reply within second month |  | 117 | 920 | 217 | 460 | Extension for reply within third month |  | 118 | 1,440 | 218 | 720 | Extension for reply within fourth month |  | 128 | 1,960 | 228 | 980 | Extension for reply within fifth month |  | 119 | 320 | 219 | 160 | Notice of Appeal | 160.00 | 120 | 320 | 220 | 160 | Filing a brief in support of an appeal |  | 121 | 280 | 221 | 140 | Request for oral hearing |  | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive - unavoidable |  | 141 | 1,280 | 241 | 640 | Petition to revive - unintentional |  | 142 | 1,280 | 242 | 640 | Utility issue fee (or reissue) |  | 143 | 460 | 243 | 230 | Design issue fee |  | 144 | 620 | 244 | 310 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Processing fee under 37 CFR 1.17(q) |  | 126 | 180 | 126 | 180 | Submission of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) |  | 146 | 740 | 246 | 370 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 149 | 740 | 249 | 370 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 179 | 740 | 279 | 370 | Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  | SUBTOTAL (3) (\$ 160.00) |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| Large Entity  |          | Small Entity   |          | Fee Description  | Fee Paid |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| Fee Code  | Fee (\$) | Fee Code   | Fee (\$) |  |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 105   | 130      | 205  | 65       | Surcharge - late filing fee or oath  |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 127   | 50       | 227  | 25       | Surcharge - late provisional filing fee or cover sheet                     |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 139   | 130      | 139  | 130      | Non-English specification  |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 147   | 2,520    | 147  | 2,520    | For filing a request for <i>ex parte</i>                                   |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 112   | 920*     | 112  | 920*     | Requesting publication of SIR prior to Examiner action                     |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 113   | 1,840*   | 113  | 1,840**  | Requesting publication of SIR after Examiner action                        |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 115   | 110      | 215  | 55       | Extension for reply within first month                                     |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 116   | 400      | 216  | 200      | Extension for reply within second month                                    |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 117   | 920      | 217  | 460      | Extension for reply within third month                                     |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 118   | 1,440    | 218  | 720      | Extension for reply within fourth month                                    |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 128   | 1,960    | 228  | 980      | Extension for reply within fifth month                                     |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 119   | 320      | 219  | 160      | Notice of Appeal   | 160.00   |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 120   | 320      | 220  | 160      | Filing a brief in support of an appeal                                     |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 121   | 280      | 221  | 140      | Request for oral hearing   |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 138   | 1,510    | 138  | 1,510    | Petition to institute a public use proceeding                              |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 140   | 110      | 240  | 55       | Petition to revive - unavoidable   |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 141   | 1,280    | 241  | 640      | Petition to revive - unintentional   |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 142   | 1,280    | 242  | 640      | Utility issue fee (or reissue)   |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 143   | 460      | 243  | 230      | Design issue fee   |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 144   | 620      | 244  | 310      | Plant issue fee  |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 122   | 130      | 122  | 130      | Petitions to the Commissioner  |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 123   | 50       | 123  | 50       | Processing fee under 37 CFR 1.17(q)  |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 126   | 180      | 126  | 180      | Submission of Information Disclosure Stmt                                  |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 581   | 40       | 581  | 40       | Recording each patent assignment per property (times number of properties) |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 146   | 740      | 246  | 370      | Filing a submission after final rejection (37 CFR § 1.129(a))              |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 149   | 740      | 249  | 370      | For each additional invention to be examined (37 CFR § 1.129(b))           |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 179   | 740      | 279  | 370      | Request for Continued Examination (RCE)                                    |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 169   | 900      | 169  | 900      | Request for expedited examination of a design application                  |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| Other fee (specify) _____   |          |  |          | SUBTOTAL (3) (\$ 160.00)   |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| <b>METHOD OF PAYMENT (check all that apply)</b>   |          | <b>3. ADDITIONAL FEES</b>  |          |  |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None |          | <table border="1"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr><tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr><tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr><tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for <i>ex parte</i></td><td></td></tr><tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr><tr><td>113</td><td>1,840*</td><td>113</td><td>1,840**</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr><tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr><tr><td>116</td><td>400</td><td>216</td><td>200</td><td>Extension for reply within second month</td><td></td></tr><tr><td>117</td><td>920</td><td>217</td><td>460</td><td>Extension for reply within third month</td><td></td></tr><tr><td>118</td><td>1,440</td><td>218</td><td>720</td><td>Extension for reply within fourth month</td><td></td></tr><tr><td>128</td><td>1,960</td><td>228</td><td>980</td><td>Extension for reply within fifth month</td><td></td></tr><tr><td>119</td><td>320</td><td>219</td><td>160</td><td>Notice of Appeal</td><td>160.00</td></tr><tr><td>120</td><td>320</td><td>220</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr><tr><td>121</td><td>280</td><td>221</td><td>140</td><td>Request for oral hearing</td><td></td></tr><tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr><tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr><tr><td>141</td><td>1,280</td><td>241</td><td>640</td><td>Petition to revive - unintentional</td><td></td></tr><tr><td>142</td><td>1,280</td><td>242</td><td>640</td><td>Utility issue fee (or reissue)</td><td></td></tr><tr><td>143</td><td>460</td><td>243</td><td>230</td><td>Design issue fee</td><td></td></tr><tr><td>144</td><td>620</td><td>244</td><td>310</td><td>Plant issue fee</td><td></td></tr><tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr><tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr><tr><td>126</td><td>180</td><td>126</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr><tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr><tr><td>146</td><td>740</td><td>246</td><td>370</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr><tr><td>149</td><td>740</td><td>249</td><td>370</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr><tr><td>179</td><td>740</td><td>279</td><td>370</td><td>Request for Continued Examination (RCE)</td><td></td></tr><tr><td>169</td><td>900</td><td>169</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr><tr><td colspan="4">Other fee (specify) _____</td><td colspan="2">SUBTOTAL (3) (\$ 160.00)</td></tr></tbody></table> |          |  |          | Large Entity |  | Small Entity |  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 105 | 130 | 205 | 65 | Surcharge - late filing fee or oath |  | 127 | 50 | 227 | 25 | Surcharge - late provisional filing fee or cover sheet |  | 139 | 130 | 139 | 130 | Non-English specification |  | 147 | 2,520 | 147 | 2,520 | For filing a request for <i>ex parte</i> |  | 112 | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner action |  | 113 | 1,840* | 113 | 1,840** | Requesting publication of SIR after Examiner action |  | 115 | 110 | 215 | 55 | Extension for reply within first month |  | 116 | 400 | 216 | 200 | Extension for reply within second month |  | 117 | 920 | 217 | 460 | Extension for reply within third month |  | 118 | 1,440 | 218 | 720 | Extension for reply within fourth month |  | 128 | 1,960 | 228 | 980 | Extension for reply within fifth month |  | 119 | 320 | 219 | 160 | Notice of Appeal | 160.00 | 120 | 320 | 220 | 160 | Filing a brief in support of an appeal |  | 121 | 280 | 221 | 140 | Request for oral hearing |  | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive - unavoidable |  | 141 | 1,280 | 241 | 640 | Petition to revive - unintentional |  | 142 | 1,280 | 242 | 640 | Utility issue fee (or reissue) |  | 143 | 460 | 243 | 230 | Design issue fee |  | 144 | 620 | 244 | 310 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Processing fee under 37 CFR 1.17(q) |  | 126 | 180 | 126 | 180 | Submission of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) |  | 146 | 740 | 246 | 370 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 149 | 740 | 249 | 370 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 179 | 740 | 279 | 370 | Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  | SUBTOTAL (3) (\$ 160.00) |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| Large Entity  |          | Small Entity   |          | Fee Description  | Fee Paid |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| Fee Code  | Fee (\$) | Fee Code   | Fee (\$) |  |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 105   | 130      | 205  | 65       | Surcharge - late filing fee or oath  |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 127   | 50       | 227  | 25       | Surcharge - late provisional filing fee or cover sheet                     |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 139   | 130      | 139  | 130      | Non-English specification  |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 147   | 2,520    | 147  | 2,520    | For filing a request for <i>ex parte</i>                                   |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 112   | 920*     | 112  | 920*     | Requesting publication of SIR prior to Examiner action                     |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 113   | 1,840*   | 113  | 1,840**  | Requesting publication of SIR after Examiner action                        |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 115   | 110      | 215  | 55       | Extension for reply within first month                                     |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 116   | 400      | 216  | 200      | Extension for reply within second month                                    |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 117   | 920      | 217  | 460      | Extension for reply within third month                                     |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 118   | 1,440    | 218  | 720      | Extension for reply within fourth month                                    |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 128   | 1,960    | 228  | 980      | Extension for reply within fifth month                                     |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 119   | 320      | 219  | 160      | Notice of Appeal   | 160.00   |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 120   | 320      | 220  | 160      | Filing a brief in support of an appeal                                     |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 121   | 280      | 221  | 140      | Request for oral hearing   |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 138   | 1,510    | 138  | 1,510    | Petition to institute a public use proceeding                              |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 140   | 110      | 240  | 55       | Petition to revive - unavoidable   |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 141   | 1,280    | 241  | 640      | Petition to revive - unintentional   |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 142   | 1,280    | 242  | 640      | Utility issue fee (or reissue)   |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 143   | 460      | 243  | 230      | Design issue fee   |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 144   | 620      | 244  | 310      | Plant issue fee  |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 122   | 130      | 122  | 130      | Petitions to the Commissioner  |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 123   | 50       | 123  | 50       | Processing fee under 37 CFR 1.17(q)  |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 126   | 180      | 126  | 180      | Submission of Information Disclosure Stmt                                  |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 581   | 40       | 581  | 40       | Recording each patent assignment per property (times number of properties) |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 146   | 740      | 246  | 370      | Filing a submission after final rejection (37 CFR § 1.129(a))              |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 149   | 740      | 249  | 370      | For each additional invention to be examined (37 CFR § 1.129(b))           |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 179   | 740      | 279  | 370      | Request for Continued Examination (RCE)                                    |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 169   | 900      | 169  | 900      | Request for expedited examination of a design application                  |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| Other fee (specify) _____   |          |  |          | SUBTOTAL (3) (\$ 160.00)   |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| <b>METHOD OF PAYMENT (check all that apply)</b>   |          | <b>3. ADDITIONAL FEES</b>  |          |  |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None |          | <table border="1"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr><tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr><tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr><tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for <i>ex parte</i></td><td></td></tr><tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr><tr><td>113</td><td>1,840*</td><td>113</td><td>1,840**</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr><tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr><tr><td>116</td><td>400</td><td>216</td><td>200</td><td>Extension for</td></tr></tbody></table>  |          |  |          | Large Entity |  | Small Entity |  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 105 | 130 | 205 | 65 | Surcharge - late filing fee or oath |  | 127 | 50 | 227 | 25 | Surcharge - late provisional filing fee or cover sheet |  | 139 | 130 | 139 | 130 | Non-English specification |  | 147 | 2,520 | 147 | 2,520 | For filing a request for <i>ex parte</i> |  | 112 | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner action |  | 113 | 1,840* | 113 | 1,840** | Requesting publication of SIR after Examiner action |  | 115 | 110 | 215 | 55 | Extension for reply within first month |  | 116 | 400 | 216 | 200 | Extension for                           |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| Large Entity  |          | Small Entity   |          | Fee Description  | Fee Paid |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| Fee Code  | Fee (\$) | Fee Code   | Fee (\$) |  |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 105   | 130      | 205  | 65       | Surcharge - late filing fee or oath  |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 127   | 50       | 227  | 25       | Surcharge - late provisional filing fee or cover sheet                     |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 139   | 130      | 139  | 130      | Non-English specification  |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 147   | 2,520    | 147  | 2,520    | For filing a request for <i>ex parte</i>                                   |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 112   | 920*     | 112  | 920*     | Requesting publication of SIR prior to Examiner action                     |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 113   | 1,840*   | 113  | 1,840**  | Requesting publication of SIR after Examiner action                        |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 115   | 110      | 215  | 55       | Extension for reply within first month                                     |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |
| 116   | 400      | 216  | 200      | Extension for  |          |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |         |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |        |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |                          |  |   |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |     |                    |  |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |   |  |     |    |     |   |  |  |                   |  |  |  |  |  |